P1800000 19968

(Requestor's Name)
(Address)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000433579610

08/27/24--01035--005 ••35.00





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Tara West End. Inc	2.			
	BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Silvia Moukhtara Nemer				
		Name of Contact Person	n		
	Tara West End, Inc.	•			
		Firm/ Company	_		
	7717 NW 20th Lane				
	Address				
	Gainesville, FL 32605				
		City/ State and Zip Cod	e		
		•			
	Silvia@Moukhtara.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Silvia Moukhtara Nemer		at (352			
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation

FILED

Tara West End, Inc.		2024 AUG 27	PM 2: 05
(Name)	of Corporation as current	Iv filed with the Florida De SECRETARY	pt. of State)
P18000019968	8 TALLAHASSEE, FL		
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendm
A. If amending name, enter the new na	ame of the corporation:		
			The nev
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association."	Corp," "Inc," or "Co".	A professional corporation	U or the abbreviation "Corp., name must contain the word
B. Enter new principal office address, if applicable:		3911 NW 26th Ter	
(Principal office address MUST BE A S		Gainesville, FL 32605	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3911 NW 26th Ter	
(Stuning duaress STAT DI. AT OST	orren mon	Gainesville, FL 32605	
D. If amending the registered agent ar new registered agent and/or the new			ame of the
Name of New Registered Agent	2011 2011 27 1 7		
	3911 NW 26th Ter		
	Gainesville	reet address)	32605
New Registered Office Address:	(City)		, Florida
			. ,
New Registered Agent's Signature, if of I hereby accept the appointment as registered.	hanging Registered Agen tered agent. I am familiar	<u>t:</u> with and accept the obligation	ons of the position.
Thereby the capture of the capture o	,	. ,	
	Signature of New	Registered Agent, if changing	

Check if applicable

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nan address of each-Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Executive Officer; CFO - Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. 1 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a C Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)
	have a real-wification on cancellation of icensed charge
revisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
 	

1

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The date of each amendment(s)	adoption:	, if other tl
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date))
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement Department of State's records.	ts, this date will not be listed
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareh-	older action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the am sufficient for approval.	endment(s)
	oproved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendmen	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	08/24/2024	
(By a select	director, president or other officer = if directors or officers have ed, by an incorporator - if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary)	
	Sayed Moukhtara	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	